L18000097149

(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
•	n Madra 110
(Name	of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Business Entity" into a "Florida Limi	Articles of Organization, and fees are submitted to convert an "Other ited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence conc	cerning this matter to:
Amy Gordon	
Amy Gordon Media (Firm/Company)	LLC
10894Rock SpringsTerrace	
(Address)	
BoyntonBeach,FL 33437	
(City, State and Zip C	Code)
amy@amygordonmedia.com	
E-mail Address: (to be used for future and	nual report notifications)
For further information concerning th	is matter, please call:
Amy Gordon	at (516)672-2344
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following dollars and drawn on a bank located in	amount: (All checks processed by this office must be payable in US n the United States)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	Fees Signature S
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

l. 	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a LLC
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
Fir	rst organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
on	April 19, 2011
0.,	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
A	my Gordon Media LLC (Enter Name of Florida Limited Liability Company)
•	(Enter Name of Florida Limited Liability Company)
(TI the <u>Not</u>	If not effective on the date of filing, enter the effective date: the effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after to date this document is filed by the Florida Department of State.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tument's effective date on the Department of State's records.
5. ′	The plan of conversion has been approved in accordance with all applicable statutes.
6. ⁻	The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.
	16 APR 18 AT

Signed this 11th day of April	20_18			
Signature of Authorized Representative of Limi	ted Liability Company:			
Signature of Authorized Representative: Printed Name: Amy Gordon	Title: Owner			
Signature(s) on behalf of Other Business Entity:				
Signature: My Gordon Printed Name: Amy Gordon	Title: Owner	-		
Signature:Printed Name:	Title:	- -		
Signature: Printed Name:				
Signature:Printed Name:		_		
Signature:Printed Name:	Title:	-		
Signature:Printed Name:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Off Directors or Officers have not been selected, an Inc.	Officer.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	2	18 APR	•••
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	Garrier St.	18 81	
All others: Signature of an authorized person.			AH 10: 18	a de la composition della comp
Fees:		-		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Amy Gordon Mella LLC (Must contain the words "Limited Liability	Company, "L.L.C.," or "ELC.")	
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
10894Rock SpringsTerrace	10894RockSpringsTerrace	
BoyntonBeach,FL 33437	BoyntonBeach,FL 33437	·
	- •	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ed Agent. You must designate an ind	t's Signature: lividual or another
The name and the Florida street address of the re	gistered agent are:	
Amy Gordon		
Name		
10894RockSpringsTerrace		
Florida street address (P.O.	Box NOT acceptable)	
Boynton Beach	E1 23427	
City	FL 33437 Zip	
Having been named as registered agent and to a liability company at the place designated in t	iccept service of process for i	the above stated limited
 registered agent and agree to act in this capacity 	 I further agree to comply v 	with the provisions of all
 statutes relating to the proper and complete pe 	rformance of my duties, and	Lam familiar with and
accept the obligations of my position as regis	stered agent as provided for i	in Chapter 605, F.S
_ An Gorda		
Registered Agent's Signa	ture (REQUIRED)	
(CONTINU	ED)	APR 16 A
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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Amy Gordon
	10894RockSpringsTerrace
	BoyntonBeach,FL 33437
	
	
	
	
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(Use attachment if necessary)	**
	APR
CLE V: Other provisions, if any.	
	201.46
DECHIDED CLONATURE.	<u></u>
REQUIRED SIGNATURE:	И 1-
[//m]	and D
Signature of a member or or	authorized representative of a member
This document is executed in accordance wi	ith section 605,0203 (1) (b) Florida Statutes, Lam aware that
any false information submitted in a docume as provided for in s.817.155, F.S.	ent to the Department of State constitutes a third degree felony
Amy Gordon	
Туре	d or printed name of signee
	Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)